

MICN CERTIFICATION

(ICEMA PROTOCOL REFERENCE #15401)

SUBMIT copies of required documentation with this application when applying for:

Check (✓) the appropriate

Initial Certification

1. California RN License
2. ACLS card
3. Drivers License
4. Course completion certificate
5. Cash or Money Order (No personal checks)
6. Photo taken within last 6 months
(Drivers License size, no hats or tinted glasses)*

Inactive Certification-every Two (2) Years of Inactivation

1. California RN License
2. ACLS card
3. Complete the Certification Education Requirements (*grid below*)

Continuous Certification

1. California RN License
2. ACLS card
3. Drivers License
4. Complete the Education Requirements
(*grid below*)
5. Cash or Money Order
6. Photo taken within last 6 months
(Drivers License size, no hats or tinted glasses)*

Return to Active Status

1. California RN License
2. ACLS card
3. Drivers License
4. Inactive Certification Education Requirements
5. Cash or Money Order (No personal checks)
6. Photo taken within last 6 months

*Photo taken at ICEMA for no additional charge

PROVIDE COPIES of the ROSTER or CE CERTIFICATE from EACH CLASS ATTENDED

Document Continuous and Inactive Certification Education Requirements Below

(1) Skills Day (SD), (6) hrs Field Care Audits (FCA), (2) Different Annual Review Classes (ARC)

Check (✓) the appropriate box:

SD (1)	FCA (6) hrs	ARC (2 different)	CE Provider Number	CE Provider Name	Date	Hours

I hereby certify that the information listed is true and correct and that I am eligible for certification and am not precluded from certification for reasons defined in Section 1798.200 of the Health & Safety Code. I understand that any fraudulent entry on this form may be considered cause for denial or subsequent revocation of my ICEMA certification. I hereby authorize ICEMA to verify any and all information contained herein and authorize release of any and all information as deemed relevant to the certification process and subsequent testing to my employer and/or assigned Base Hospital. I agree to hold ICEMA harmless from any act or action resulting from the release of the information as stated above.

Signature _____

Date _____